**11th FICCI AWARDS FOR EXCELLENCE IN SAFETY SYSTEMS – 2024**

**CONSTRUCTION SECTOR**

**APPLICATION FORM**

**Terms and Conditions of the Awards:**

* The description and attachments should be clearly linked with the relevant question. Please refer to the relevant ‘Assessment Criteria’ uploaded on the FICCI Website. These may be useful for participating organization/unit while filling in the application form of the Award. Please note that any false declaration may render the application ineligible.
* The application for the award is for a Construction site. The multiple sites of single organization are eligible to apply for Awards. Please ensure that the site participating in the awards has construction running for one year.
* In case of any clarification, applicant should get their doubts clarified before applying. FICCI would not be responsible for any lack of information in application once organization has applied for awards
* The evaluation is a three-stage process as mentioned below:
* Application Evaluation
* On-site/ Virtual Site Assessment for Qualifying Site after application evaluation
* Jury Selection by the presentation of Qualifying sites after on-site/ virtual site assessment
* The fees of the applicant site will be determined by the organization owning the site as per the criteria defined below.
* Application fee (Non-refundable and inclusive of all taxes) for the award is as follows
* Rs. 17,700/- for Small sized Organization (Organization having both turnover & investment excluding working capital both less than Rs 100 crore)
* Rs. 41,300/- for Medium sized Organization (Organization having either turnover or investment excluding working capital between Rs 100 crore to Rs 500 crore. If any one of the parameters crosses the higher limit of Rs 500 crore then the organization is categorized as large sized organization)
* Rs. 53,100/- for Large sized Organization (Organization having either turnover or investment excluding working capital more than Rs 500 crore)
* Site shortlisted for on-site audit will have to pay an additional fee of Rs 13,000/- per man day to FICCI as the auditor fees for the on-site/ virtual site audit of its site. Generally, two auditors will be deployed for one day audit of the site. Also the shortlisted unit have to bear an expense of auditor(s)’ travelling and accommodation in addition to the fees mentioned above, if on-site audit is done.
* In case any question is not applicable for your Organization/site then please justify the reason(s) for the same.
* **Last date for submitting duly filled Application Form over email is 15th September 2024 to specify by close of business hour.**
* In case of any query, please contact:

 Ms Ankita Sharma / Mr Suresh Subramanian

 ankita.sharma@ficci.com; suresh.subramanian@ficci.com

 7428725386 & 9650749868

* Application fees should be paid online through NEFT/RTGS along with the application form before the deadline of **15th September 2024.**

**Eligibility Criteria:**

Companies where there has been a fatal accident (s) or government authorities or courts have issued notices for penalties due to safety violations, during the year of application are not eligible for applying for award.Please give the self-certified letter duly signed by Board Member in effect to this undertaking.

1. (a) Name of the Site :

(b) Turnover/Sales of the Organization :

 of Last financial year (2023-24) in

 rupees

 (Note: In case of individual site of the

 Organization applying for the awards

 then please share the Turnover/Sales

 of both i.e. Site and the Organization

 as of whole)

(c) Investment of the Organization :

 excluding working capital of last

 financial year (2023-24) in rupees

 (Note: In case of individual site of

 the Organization applying for the

 awards then please share the

 Investment excluding working

 capital of both i.e. site and the

 Organization as of whole)

1. Address with PIN Code :
2. Telephone Number with STD Codes :
3. Name, Designation, Contact Phone No., :
Mobile No. and Email address of the person

who will provide all necessary Information

or clarification, if needed in respect of the

application

1. Name, Designation, Contact Phone No., :
Mobile No. and Email address of the site

head of the participating site/organization

1. Kindly specify the type of work is undertaking :

at the site along with brief description of

process/operation

**OPTIONAL** –

* A Video presentation, not exceeding 10 minutes, highlighting the safety facilities and systems followed in the Organization may be submitted along with the application.
* **ESG Drives:** If you follow kindly share initiative for ESG implementation

1. **Policy and Commitment 24 Marks**
	1. **Does the Organization/Site have a Safety Policy? If so, please attach the same**

*(Refer Assessment Criteria for details)*

* 1. **How is Safety Policy communicated to the employees and other stakeholders?** *(Note: Mention types of communications modes used. Refer Assessment Criteria for details)*
	2. **What is your Organization’s/site’s policy for employees involved in fatality cases and who has/have suffered partial/ permanent disability?**

*(Note: Mention policy and compensation, relocation etc., if applicable. Refer Assessment Criteria for details)*

* 1. **Contractor’s Safety**
		1. What is your organization’s policy for contractor’s safety management?

*(Note: Mention system and procedures followed, and the type of records maintained. Refer Assessment Criteria for details)*

* + 1. What are your contractor selection criteria for HSE performance. Elaborate in detail.
	1. **With regard to the commitment of top management for safety in your Organization/ Site please gives details for: (***Refer Assessment Criteria for details)*
		1. Level and frequency of review of safety performance *(Note: Mention frequency and level of review for safety in your Site)*
		2. Is there any target set for the Top management in their KPIs for carrying out Safety walks/Raising safety observations/Safety interaction with workforce etc. Kindly provide supporting evidence for same.
		3. (a) Is your Organization/Site having a safety budget?

Yes No

(b) If so, then how is the budget provision for Safety made in your Organization/Site? *(Note: Provide procedure of safety budget in your Organization/Site both for running plant as well as for new investments, if applicable)*

* + 1. (a) Is safety a part of performance appraisal in your organization/Site?

Yes No

(b) If so, then how much weightage is given to safety in the performance appraisal of employees in the Site?

(Note: Mention at what levels in the Organization/Site safety is considered as

a part of performance appraisal and its weight age given in appraisal at all level of employees)

1. **Safety Systems 20 Marks**

 **8.1 How system of safe working practices including work permit systems developed and**

 **practiced at your construction site?**

 *(Note: Mention system of work permits for safety critical activities like working in close*

 *proximity of overhead power lines and telecommunication cables, digging work where*

 *Underground services are located, working with Heavy Moving Machinery etc Refer Assessment Criteria for details.)*

**8.2 Describe incident/accident investigation system followed in the Organization/Site?**

*(Note: Mention the system followed including review and follow up Mechanism for corrective and preventive actions. Refer Assessment Criteria for details)*

**8.3 Describe the system followed in your unit/organization for ensuring adequate lighting**

 **Level in the workplace, both during day and night shifts**

*(Note: Mention if you have the system for identifying the requirements of lighting in workplace and whether the same are measured to ensure compliance. Refer Assessment Criteria for details)*

**8.4** **Does your Organization/Site have a system of ‘Employee Suggestion Scheme’ on**

 **Safety issues? If so, then please give details including provision of rewards, if any**

**(***Refer Assessment Criteria for details)*

**8.5 Does your Organization/Site have a comprehensive Disaster Management plan**

 **including On-site & Off-site emergency plan? If so please furnish salient features of the**

 **same (***Refer Assessment Criteria for details)*

 **8.6**. **Describe safety emergency handling system in your Organization/ Site?**

*(Note: Mention whether there is a Safety & Occupational Health center and Ambulance*

*and other facilities Refer Assessment Criteria for details)*

1. **Safety Awareness and Training** **22 Marks**

 **9.1 Does your Organization/Site observed safety occasions? If so, please give details of**

 **activities carried out.**

 (*Note: Mention types of activities covered during safety Occasion/s including extent and*

 *Level of participation. Refer Assessment Criteria for details)*

**9.2 Describe the type of Safety Signages used in your organization/ Site?**

 *(Note: Furnish photographs along with details. Refer Assessment Criteria for details)*

 **9.3 Are mock drills for safety held in your Organization/site? If so, please give details of**

 **type, frequency, involvement of people and follow up actions**

 *(Note: Furnish photographs along with details. Refer Assessment Criteria for details)*

**9.4 Does your Organization/site have any programme for off work safety for employees,**

 **their families and community around?**

 *(Note: Provide details and frequency of programme. Ref. Refer Assessment Criteria for details)*

**9.5 Type of safety training programmes followed for employees; including sections of**

 **employees involved, frequency, Subjects covered, training imparted in hours/**

 **Person/year (***Refer Assessment Criteria for details)*

9.5.1 (a) Does the Organization/Site has a system of skill gap mapping for employees

 from safety angle? Yes/No

(b) If yes, please attach a typical analysis report

9.5.2 (a) Does the Organization/Site draw up a Safety training calendar for employees

 of all levels based on skill gap analysis? Yes/No

 (b) If yes, please attach the calendar for the year 2023-24

9.5.3 (a) Please furnish the following details of employees of your Organization/Site covered by safety training in 2023-24:

|  |  |  |  |
| --- | --- | --- | --- |
| Level of Employee | Percentage of employees covered by safety training | Frequency of training (Weekly/Monthly/Quarterly/Annually) | No of training Modules covered |
| Senior Management |  |  |  |
| Middle Management |  |  |  |
| Junior level Management |  |  |  |
| Supervisors |  |  |  |
| Workers |  |  |  |

(b) Provide a list of safety training modules covered for each of the above levels of employees

9.5.4 Please provide details about involvement of line managers (senior & middle management levels) in imparting safety training to supervisors & workers

(*Note: mention frequency – monthly/quarterly/yearly and number of training in*

*Which they were involved*)

9.5.5 Please provide the following details about Safety training organized for contract

Workers/transporters in your Site/Organization:

1. (i) Is there a mandatory induction training for contract workers

on Safety? Yes/No

(ii) If yes, please describe briefly the training module followed

for Safety

1. (i) Is any safety training provided for transporters of hazardous

materials engaged by the Organization? Yes/No

(ii) If yes, please describe briefly the training module followed

* 1. **Road Safety**
		1. Whether the organization is conducting mandatory defensive driving training for vehicle operators and drivers
		2. Is competency assessment of the vehicle operators being conducted before deployment?
		3. Is the unit having traffic management plan and road safety policy?
1. **Safety Inspection, Audits and Performance 21 Marks**

**10.1** **Describe the system of safety inspection followed in your Organization/Site including frequency, by whom and corrective action methodology**

 10.1.1 For unsafe conditions/practices

 *(Note: Mention the level and type of persons involved in such safety inspections,*

 *the frequency, review system for preventive and corrective actions. Refer Assessment Criteria for details)*

 10.1.2 For equipment/instrument

 (*Note: Mention the procedure followed for inspection of safety related*

 *Equipment and instruments in the plant giving frequency, review system for*

*preventive and corrective actions. Refer Assessment Criteria for details)*

 10.1.3 For vehicles entering & leaving your premises including for those carrying

 Hazardous Substances

 *(Note: Mention procedures followed including documentation. Refer Assessment Criteria for details)*

**10.2.** **Describe the system of Safety Audits (Internal & External) in your Organization /Site including frequency, scope, Closure of Non-Conformances (NCs) through Corrective and Preventive Action (CAPA), review of implementation and the agency carrying out the audit**

 (*Note: Mention the procedure followed for internal and external Safety Audits in your organization/Site giving frequency and Personnel/Agency involved and methodologies for corrective actions. Refer Assessment Criteria for details)*

* 1. **Do you follow Employee Safety culture perception survey to ascertain safety culture across organization? If yes, please share the latest report.**

 **10.4. Safety Performance (***Refer Assessment Criteria for details)*

|  |  |  |  |
| --- | --- | --- | --- |
| Item | **2021-22** | **2022-23** | **2023-24** |
| Fatal Accidents (Nos) |  |  |  |
| Reportable Incidents (injury) (Nos) |  |  |  |
| Non-reportable Incidents (injury) (Nos) |  |  |  |
| Near misses (Nos) |  |  |  |
| Date of last reportable incident (injury) |  |  |  |
| Total Man hours worked |  |  |  |
| Accident free million man Hrs |  |  |  |

Formula for Accident Free Million Man Hrs from last Incident (Injury) = Incident (Injury) free man hrs / 10^6

***Note:* Please explain the measures taken to address fatality in the site (if happened, in last three years). Mention the root cause analysis of the fatality, Corrective and Prevention actions (CAPA) taken for fatality and major accidents**

1. **Safety Organization/ Initiatives/Awards 5 marks**

**11.1**. Give details of the Safety set up in your Organization/Site including organizational structure, reporting mechanism, number of professionals with their qualifications and experience etc. (*Refer Assessment Criteria for details)*

**11.2.** How is the responsibility of safety defined in your Organization/Site?

 Please Tick (√) the most appropriate answer (one only) with relevant support

 Document (*Refer Assessment Criteria for details)*

|  |  |
| --- | --- |
| Responsibility | (√) |
| Owner/Management has full responsibility for safety |  |
| Safety Manager/Coordinator has full responsibility for safety |  |
| Responsibility for safety is defined for all levels of the organization and recorded in the Safety Manual |  |

**11.3.** Has the Organization/Site taken any major safety initiative last year to improve safety

 culture like behavior based safety, zero tolerance initiative, ergonomics Interventions

 Etc.

 *(Note: mention specific initiative taken, if any, giving a brief write-up. Refer Assessment Criteria for details)*

 **11.4.** Mention the details of Safety awards/recognitions received by your Organization/Site

|  |  |  |  |
| --- | --- | --- | --- |
| **Award/Recognition** | **2021-22** | **2022-23** | **2023-24** |
| International award |  |  |  |
| National Level awarded by Govt/Govt agencies |  |  |  |
| National Level awarded by Industry Associations |  |  |  |
| State level awarded by State Govt/Govt Agencies |  |  |  |
| State level by Industry association  |  |  |  |
| Others |  |  |  |

1. **Occupational Health Management System: 8 Marks**

**12.1** Does your organization / Site have Occupational Health (OH) Surveillance

 Program? If yes, what are the components of OH surveillance programs being

 carried out?

**12.2 Medical Examination of Employees -**

 **(***Refer Assessment Criteria for details)*

12.3.1 (a) Does your Organization/Site have a system of Pre-employment medical examination and periodic medical examination of employees and contract workers

 **Yes/No**

12.3.1 (b) if yes, give the percentage compliance of Pre-employment medical examination and periodic medical examination of employees and contract workers for last 3 years in your Site. Pre- employment Medical (PEM) Fitness Compliance

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **No. of employees recruited****(a)** | **No. of employees PEM fitness records available****(b)** | **% compliance****b/a X 100** | **Year** | **No. of new contract workers deployed****(c)** | **No. of contract workers who underwent PEM fitness examination (d)** | **% compliance****d/c X 100** |
| 2024-23 |  |  |  | 2024-23 |  |  |  |
| 2023-22 |  |  |  | 2023-22 |  |  |  |
| 2022-21 |  |  |  | 2022-21 |  |  |  |

**Periodic Medical Examination (PME)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Year** | **No. of employees eligible for****PME****(a)** | **No. of employees completed PME****(b)** | **% compliance****b/a X 100** | **Year** | **No. of new contract workers eligible for PME****(c)** | **No. of contract workers completed PME****(d)** | **% compliance****d/c X 100** |
| 2024-23 |  |  |  | 2024-23 |  |  |  |
| 2023-22 |  |  |  | 2023-22 |  |  |  |
| 2022-21 |  |  |  | 2022-21 |  |  |  |

**12.4 What are the Occupational Health Promotional activities in your organization/Site? E.g. workplace wellness program, canteen hygiene inspections, stress management program, hearing conservation program etc.** (*Refer Assessment Criteria for details)*

**Certified that the above information has been verified & found correct:**

**Worker’s Representative on the Safety Head of Safety in Site/Organization**

**Committee**

**Signature : …………………………… Signature : ……………………………………**

**Name & : …………………………… Name & : ……………………………………**

**Designation : …………………………… Designation : ……………………………………**

 **Seal of the Organization: .…………………………………..**